



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH STARKE HOSPITAL

City of Hospital: Knox

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 02/28/2016 (mm/dd/yyyy format)

Person Completing the Report: Steven Rudolph

Email Address: s.rudolph@lph.org

Medicare Provider Number: 150102

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2160826
Outpatient Patient Service Revenue	\$12403754
Total Gross Patient Service Revenue	\$14564580

2. Deductions From Revenue

Contractual Allowance	\$8668438
Other Deductions	\$1897224
Total Deductions	\$10565662

3. Total Operating Revenue

Net Patient Service Revenue	\$3998918
Other Operating Revenue	\$111674
Total Operating Revenue	\$4110592

4. Operating Expenses

Salaries and Wages	\$1155451	Employee Benefits	\$308757
Depreciation and Amortization	\$289582	Interest Expense	\$309
Bad Debt	\$582192	Other Expenses	\$1784834
Total Operating Expenses	\$4121125		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-10533	Total Assets	\$13710572
Net Non-operating Gains over Loss	\$2563	Total Liabilities	\$1786399

Total Net Gains	\$-7970
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$6185794	\$5069725	\$1116069
Medicaid	\$3872331	\$3598713	\$273618
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$4506454	\$1897224	\$2609230
Total	\$14564579	\$10565662	\$3998917

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$26438	\$-26438

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$6092	\$-6092
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$34837	\$-34837

Number of Medical Professionals Trained	1497
Number of Hospital Patients Educated	230
Number of Citizens Exposed to Health Education Messages	18836

Statement Six: Charity Statement
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Hospital Charity Charges	\$125859
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$153423	
HCI Payments	\$0		
Subtotal	\$0	\$153423	\$-153423
Medicaid Shortfalls	\$1014374	\$1096597	
Subtotal	\$1014374	\$1250020	\$-235646
DSH Payments	\$0		
Subtotal	\$1014374	\$1250020	\$-235646
Medicare Shortfalls	\$868314	\$1441981	
Other Government Programs	\$0	\$0	
Total	\$1882688	\$2692001	\$-809313

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$64	\$18285	\$-18221
Provision of Taxes	\$0	\$25000	\$-25000
Other Allocations	\$0	\$0	\$0

Comments

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